

## **South Dakota Board of Nursing**

South Dakota Department of Health
722 Main Street Suite 3, Spearfish, SD 57783
(605) 642-1388; FAX: 642-1389; WWW.STATE.SD.US/DOH/NURSING

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for Re-Approval of Training Program

Medication administration may be delegated only to those Individuals who have successfully completed a training program pursuant to <u>ARSD 20:48:04.01:14</u>. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to the Spearfish BON address or fax above.

Address: 345 MCMAN V SW  Thomas Number: 1005-352-825  The mail Address of Faculty: Star County May 1 Fax Number: 1005-352-825  The mail Address of Faculty: Star County May 1 Fax Number: 1005-352-825  The mail Address of Faculty: Star County May 1 Fax Number: 1005-352-825  The mail Address of Faculty: Star County May 1 Fax Number: 1005-352-825  The mail Address of Faculty: Star County May 1 Fax Number: 1005-352-825  The mail Address of Faculty: Star County May 1 Fax Number: 1005-352-825  Request re-approval using the following approved curriculum(s): (Each program is expected to retain program records using the Enrolled Student Log form.  2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)  Mosby's Texbook for Medication Assistants, Somentino & Remmert (2009)  Mebraska Health Care Association (2010) (NHCA)  We Care Online  Educare  List faculty and licensure information: For gen RN Faculty: 1) attach resume/work history with evidence of minimum 2 clinical RN experience, and 2) attach a new Curriculum Application Form identifying areas of teaching.  RN LICENSE  RN FACULTY/INSTRUCTOR NAME(S)  State  Number: RN LICENSE  Stardard  Complete evaluation of the curriculum / program: (Explain Wo' responses on a separate sheet of paper.)  Standard  Complete evaluation of the curriculum / program: (Explain Wo' responses on a separate sheet of paper.)  Standard  Complete evaluation of the curriculum / program: (Explain Wo' responses on a separate sheet of paper.)  Standard  Complete evaluation of the curriculum / program: Advanced 1:8 in the clinical / lab setting  A Your program is faculty to student ratio did not exceed 1:8 in skill performance evaluation / competency validation.  For program is faculty to student ratio did not exceed 1:8 in skill performance evaluation / competency validation.  For program is faculty to student ratio did not exceed 1:8 in skill performance evaluation / competency validation.  For program is faculty to student ratio d	Name of Institution: _	Sunavust H	altho	an cent	cr			
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